

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10-088914</i>	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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37	1							
38	1							
39	1							
40	1							
41	1							
42	1							
43	1							
44	1							
45	1							
46	1							
47	1							
48	1							
49	1							
50	1							
TOTAL I.D.	<i>52</i>							
TOTAL DEP.	<i>370</i>							
TOTAL CLAIMS	<i>38</i>	1	1	1	1	1	1	

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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